IN THE WATED STATES PATENT AND TRADEMAR SOFFICE PATENT APPLICATION Group Art U 1644 Inventor(s): Examiner: P. Gambel Hanna, et al. 0275478 1999-30-0466A 09 435,992 Atty. Dkt. Appln. No.: Series Code ↑ Client Ref Serial No. 1 Filed: November 8, 1999 Appln. Title: TREATMENT OF B CELL DEC 1 0 2002 MALIGNANCIES USING ANTI-CD40L Hon. Commissioner of Patents ANTIBODIES IN COMBINATION WITH Washington, D.C. 20231 ANTI-CD20 ANTIBODIES AND/OR CHMOTHERAPEUTICS AND Sir: DEC 1 3 2002 **RADIOTHERAPY** REPLY/AMENDMENT/LETTER Date: December 10, 2002 TECH CENTER 1600/2900

This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto. FEE REQUIREMENTS FOR CLAIMS AS AMENDED 1. Small Entity claim For B & C Fee Code A. NOT made Claims Highest number Present Extra Large/Small Entity Additional See Required B. Withdrawn remaining after previously paid for Fee Separate Paper Lg/Sm C. \square made herewith amendment (Pat-256) D. \square made previously 103/203 x \$18/\$9 =+ \$0 2. Total Effective Claims **minus 56 0 28 ***minus 102/202 3. Independent Claims 1 4 0 x \$84/\$42 =+ \$0 4. If amendment enters proper multiple dependent claim(s) into this application for first + \$280/\$140 = + \$0 104/204 51 (**8** 6 6 5. Original due Date: October 10, 2002 ☐ NONE 6. Petition is hereby made to extend the original due (1 mo) \$110/\$55 = 115/215 116/216 + \$400 date to cover the date this response is filed for which the \$400/\$200 = (2 mos) 117/217 requisite fee is attached (3 mos) \$920/\$460 = 118/218 (4 mos) \$1,440/\$720= 128/228 \$1,960/\$980= (5 mos) 7. Enter any previous extension fee paid since above original due date and subtract - \$0 **Extension Fee** + \$400 9. If Terminal Disclaimer attached, add Rule 20(d) official fee + \$110/\$55 + \$0 148/248 126 10. If IDS attached requires Official Fee under Rule 97 (c),add + \$180 + \$0 126 or if Rule 97(d) Requestadd + \$180 146/246 11. After-Final Request Fee per rules 129(a) and 17(r) + \$740/370 + \$0

16. *If the entry in this space is less than entry in next space, the "Present Extra" result is "0"

12. No. of additional inventions for examination per Rule 129(b).....

17. **If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.

13. Request for Continued Examination (RCE)

18. ***If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.

Our Deposit Account No. 03-3975) 0275478 (Our Order No. 037003

x \$740/370 ea

TOTAL FEE =

Tel:

+ \$740/370

+ \$0

+ \$0

+ \$0 \$400

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This CHARGE STAT	EMENT <u>does not author</u>	<u>ize</u> charge of the <u>issue fee</u> until/unless an is	ssue fee transmittal sheet is person in the solution of the so	
IIIEU. 744 79AA9 PHPHYEN	AAAAA4AA ATTOTE	V075E005	so, file Notice of Appeals separately	
TITIENNE CHROIEN	00000108 033975	09435992 Pillsbury Winthrop LLP	DEC 1 6 2002	

12,

400.00 CH

Sig:

Intellectual Property Group

Robin L. Teskin OFFICE OF PETITIONS eg. No. By Atty:

Fax:

(703) 905-2500

35,030

(703) 905-2200

Atty/Sec: RLT/DJM

Tel: (703) 905-2000

P.O. Box 10500

McLean, VA 22102

14. Petition fee for

15.

01 FC:1252

NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments

149/249

PLEASE CHARGE

OUR DEP. ACCT

1179/1279